D. CITY (II outside corporate limits, write RURAL and street and the companies that the c	Men CEN	0 =	TH	E DIVISION	Y OF HE	ALTH OF M	ISSOURI			# O	~~
1. PLACE OF DEATH 2. COUNTY COOPET 2. CITY (II counted surporate limits, write RURAL and size township) 2. CITY (II counted surporate limits, write RURAL and size township) 2. CITY (II counted surporate limits, write RURAL and size township) 3. NAME OF (II can in beneficial or insultations, circ stores address or location) 3. NAME OF (II can in beneficial or insultations, circ stores address or location) 4. CATE (Month) 3. NAME OF (II can in beneficial or insultations, circ stores address or location) 4. DATE (Month) 5. SEX (II can) 5. SEX (II can) 6. COLOR OR RACE (Pirty) 6. SEX (II can) 6. COLOR OR RACE (Pirty) 6. SEX (II can) 6. COLOR OR RACE (Pirty) 6. SEX (II can) 6. COLOR OR RACE (Pirty) 6. SEX (II can) 6. COLOR OR RACE (Pirty) 7. MARRIED, NEVER MARRIED,	LITER	27 195 0	STA	NDARD	CERTIF	ICATE OF	DEATH	State	File No	43	5 ()
a. COUNTY COOPET D. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Unite, write RURAL and give township) C. CITY (If counties corporate Units, write RURAL and give township) C. CITY (If counties corporate Units, write RURAL and give township) C. CITY (If counties corporate Units, write RURAL and give township) C. CITY (If counties corporate Units, write RURAL and give township) C. CITY (If counties corporate Units) C. CITY (If counties corporate Un	BIRTH NO		_ REG. C) IST. NO2	32_	PRIMARY REG.	DIST. NO. 4	143 Regi	strar's No	12	·
D. CITY (If conside acropance limits, write BURAL and give township) ORN Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) ON Blackwater C. CITY (If conside acropance limits, write BURAL and give township) C. CLAST) A DATE (Month) (Day) (If consider acropance limits, write BURAL and give township) C. CLAST) A DATE (Month) (Day) (If consider acropance limits, write BURAL and give township) DEATH February 5 19 DEATH February 7 19 DEATH February 5 19 DEATH February 7 19 DEATH February 5 19 DEATH February 5 19 DEATH February 7 19 DEATH February 5 19 DEATH Fe		TH				2 USUAL F	RESIDENCE	Where decoased li	ved. If ins	titution: r	sidence bef
b. CITY (If conside corporate limits, write RURAL and give township) OR OR Blackwater OR O	a. COUNTY Co	oper	•		ı	a. STATE	Missouri	b. COL	CC.	oper.	a dinimba
G. FURTHUTION Methodist Church, Methodist Church,	b, CITY (If outside co		URAL and			c. CITY (II o	itside corporate limit	a, write RURAL a			^
ADDRESS ADDR		water		20	Yrs.	TOWN	Blackwat	er	0:	21	<i>-</i>
Type or Print) Henry S. 5. SEX Male White White White Illa. USUAL OCCUPATION (Circulated at work does a dealer with the day) Farmer 3a. Father's make John Langlotz Mary Zin Ill. Mary Zin I	d. FULL NAME OF (If not in hospital or ins				or location)	d. STREET (If rural, give location) ADDRESS			В		
S. SEX 6. COLOR OR RACE 7. MARRIED. NEVER MARRIED. 8. DATE OF BIRTH 9. ACE (in peacly) Married 10s. USUAL OCCUPATION (Cover kind of sork dozen drained) 10s. KIND OF BUSINESS OR IN (Retired) 10s. KIND OF BUSINESS OR IN (Retired) 10s. KIND OF BUSINESS OR IN (Retired) 10s. MOTHER'S MAIDE 13s. MOTHER'S MAIDEN NAME 13s. MOTHER'S MAIDEN NAME 14s. MAME OF HUSBAND OR WIFE 17s. MOTHER'S SIGNATURE OR NAME 15s. MOTHER'S SIGNATURE OR NAME Marry Zin 17s. Informant's SIGNATURE OR NAME Marry Zin Marry Zin 17s. Informant's SIGNATURE OR NAME Marry Zin Marry Zin 17s. Informant's SIGNATURE OR NAME Marry Zin 17s. Informant's SIGNATURE OR NAME Marry Zin Marry Zin 17s. Informant's SIGNATURE OR NAME Marry Zin Marry Zi	3. NAME OF	a. (First)		b. (Midd	Lle)	c. (Las	t) .		(Month)	(Day)	(Year)
S. SEX 6. COLOR OR RACE Male Mitte Mitted M		Henry				Langlot	Z	DEATH F	ebruar	प्र 5 ¹¹	1950
Martied Mille Willow Lind of work of working life, were if retired Monatoring make of working life, were if retired Dis KIND OF BUSINESS OR IN- DUSTRY Cooper County, Missouri. 13a. FATHER'S NAME John Langlotz ISD. MOTHER'S MAIDEN Mary Zin Medical Security Missouri. Mary Zin Mary Zin Medical Certification Medical Cer	5. SEX 6.	COLOR OR RACE	7. MARE	RIED, NEVER A	ARRIED,			9. AGE (In yes	Are IF UNDER		UNDER 14 KR
Geometriag union of working tile, even if retired) Farmer Sa. Father's name John Langlotz S. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IV. MON IS. WAS DECEASED EVER IN U.S. ARMED FORCEST IV. MON III. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) "This does not mean the distance of wind, such in the mode of dying, such in the	Male /	White	Man	ried /	(BDecity)	July 9"	1869			DEST	lours Min
Farmer (Retired) 13b. mother's maiden name 14. name of husband or wife 15. mother's maiden name 14. name of husband or wife 15. mother's maiden name 14. name of husband or wife 15. mother's maiden name 14. name of husband or wife 15. mother's maiden name 14. name of husband or wife 15. mother's maiden name 14. name of husband or wife 15. mother's maiden name 15. mother's maiden name 16. mother	10a. USUAL OCCUPATIO	N (Give kind of work	iộb. KII	ND OF BUSINE	SS OR IN-	11. BIRTHPLAC	E (State or foreign	country)		12. CITIZ	EN OF WH
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14 NAME OF HUSBAND OR WIFE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. MICE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. MICE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. MEDICAL CERTIFICATION 17. INFORMANT'S SIGNATURE OR NAME ADDRESS 18. SOCIAL SECURITY NO. MEDICAL CERTIFICATION 18. SOCIAL SECURITY NO. SOCIAL SECURITY NO. MEDICAL CERTIFICATION 18. SOCIAL SECURITY NO.		ng me, even n remen)	(Ret	tired)	DODIKI	Coope	r County,	Missour	1. I	Ü,	Š.
S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME NO. 17. INFORMANT'S SIGNATURE OR NAME MRS. Carrie Langlotz, Boonville Mo. 18. CAUSE OF DEATH Line for (a), (b), and (c) *This does not mean he mode of dring, such he mode of dring, use he mode of dring, or complication which caused death. *It is means the distributing to the death but not country or complication which caused death. *It is means the distributing to the death but not country death. *It is according to the death but not country dea	3a. FATHER'S NAME			136. MOTHER	'S MAIDEN					E	
NO. Mrs. Carrie Langlotz, Boonville Mo. 18. CAUSE OF DEATH Enter only one cause per Index of dying, nuch In heart failure, asthenia, It is mans the dis- It is to the above cause (a) stating It. OTHER SIGNIFICANT CONDITIONS 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. Injury (Geg. in or about SUILIDE 19b. MAJOR FINDINGS OF OPERATION 21c. Injury (Geg. in or about SUILIDE 19b. MAJOR FINDINGS OF OPERATION 21c. Injury (Geg. in or about SUILIDE 19b. MAJOR FINDINGS OF OPERATION 21c. Injury (Geg. in or about SUILIDE 19b. MAJOR FINDINGS OF OPERATION 21c. Injury (Geg. in or about Work AT WORK 21c. Injury (COUNTY) 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 21d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about Work AT WORK 22d. Injury (Geg. in or about	John Lan	glotz		Mary	Zin	,				Lang	lotz
MEDICAL CERTIFICATION INTERVALSE OR CAUSE OF DEATH Enter only one cause per Inc for (a), (b), and (c) *This does not mean he mode of dying, such in heart fallure, asthenia tic. If means the dis- int which caused death. II. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) itse to the above cause (a) stating tic. If means the dis- itse underlying couse last. DUE TO (c) DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerobia Pa. DATE OF OPERA- TION III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerobia III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerobia III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerobia III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerobia III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerobia III. OTHER SIGNIFICANT CONDITIONS COUNTY) (STAT SUICIDE III. OTHER SIGNIFICANT CONDITIONS (COUNTY) (STAT WORK	5. WAS DECEASED EVE	R IN U.S. ARMED F	FORCES?	16. SOCIAL		1				A	DDRESS
MEDICAL CERTIFICATION MEDICAL CERTIFICATION INTERVAL BI ONSET AND	No	70,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Mrs C	arrie Lan	glotz, B	oonvil	lle. 1	10.
the mode of ging, such as heart failure, asthenia, etc. It means the discase cause (a) stating the underlying cause last. DUE TO (b) The mode of ging, such as heart failure, asthenia, etc. It means the discase cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase or condition causing death. Arteriosclerosis 19a. DATE OF OPERATION TION 19b. MAJOR FINDINGS OF OPERATION TURN 21c. (CITY, TOWN. OR TOWNSHIP) (COUNTY) (STAT SUICIDE HOMICIDE 10c. (COUNTY) 10c. (CITY, TOWN. OR TOWNSHIP) (COUNTY) (STAT WHILE AT WORK AN WORK 22. I hereby certify that I attended the deceased from Oct. 5, 1940, to Feb. 5, 1950, that I last saw the dealive on Feb. 3, 1950, and that death occurred at 10:20Am., from the causes and on the date stated above. 22a. SIGNATURE 22a. SIGNATURE (Degree or title) DATE REC'D BY LOCAL REGISTBARS SIGNATURE AREGISTBARS SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Enter only one cause per	I. DISEASE OR CO DIRECTLY LEADI	ONDITION ING TO DE					•	·	ONSET	AL BETWEE
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE 21d. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 21d. TIME (Month) (Day) (Year) (Hour) 10 WHILE AT NOT W	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid conditions rise to the above co the underlying cau	s, if any, g ause (a) st ise last. :	DUE TO	(c)	±.		· · · ·			_ + •
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPS YES 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE HOMICIDE (Month) (Day) (Year) (Bour) 21e. INJURY OCCURRED OF INJURY 21f. HOW DID INJURY OCCUR? 22f. INJURY OCCURRED WHILE AT WORK 22f. I hereby certify that I attended the deceased from Oct. 5, 1940, to Feb. 5, 1950, that I last saw the decaive on Feb. 3, 1950, and that depth occurred at 10: 20Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE STONAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 25c. FUNERAL DIRECTOR'S SIGNATURE DATE REC'D BY LOCAL REGISTRARS SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	tion which caused death.	Conditions contrib	nutina to th	e death but not			. 7			U.	212
TION 21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21d. Time (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE NOT WHILE NO	10. DATE OF OPERA			•	th. A.	reerrose	Telogis	• • •		/ 20 AIT	ropsva
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY OCCUR? WHILE AT WORK NOT WHILE NOT W	TION	190, MAJOR FINE	JINGS OF	OFERATION	· · · · · · · · · · · · · · · · · · ·						No X
22. I hereby certify that I attended the deceased from Oct. 5, 1940, to Feb. 5, 1950, that I last saw the decay on Feb. 3, 1950, and that depth company at 10:20Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 23c. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) 25. FUND BURIAL CREMATORY 26. NAME OF CEMETERY OR CREMATORY 27. Cooper County, Missou DATE REGISTRAR'S SIGNATURE 28. SIGNATURE 29. FUND COOPER COUNTY, Missou DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 29. FUND COOPER COUNTY, Missou DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 29. FUND COOPER COUNTY, Missou DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 29. FUND COOPER COUNTY, Missou DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 29. FUND COOPER COUNTY, Missou DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 29. FUND COOPER COUNTY ADDRESS	21a. ACCIDENT SUICIDE HOMICIDE	(Specify)	21b, PLACE home, farm,	EOF INJURY (e. factory, street, of	g., in or about fee bldg., etc.)	21c. (CITY, TO	WN, OR TOWNSHI	(C)	OUNTY)	·.	STATE)
alive on Feb. 3, 1950, and that death consumed at 10: 20Am., from the causes and on the date stated above. 23a. SIGNATURE (Degree or title) 23b. ADDRESS 22c. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25. FUND BURIAL CREMATORY 26d. LOCATION (City, town, or county) 37 25 FUNERAL DIRECTOR'S SIGNATURE 26d. LOCATION (City, town, or county) 27 28d. LOCATION (City, town, or county)	2Id. TIME (Month) OF . INJURY	(Day) (Year) (1			21f. HOW DID	INJURY OCCUR?	• • •			• •
245. BURIAL CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. Registrate 24d. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 25d. Registrate 26d. Re	22. I hereby certify alive onFer	hat I attended to	he decea , and i	sed from Othan death od	ct 5 murned at						e decease
24a. BURIAL. CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) (8 TION, REMOVAL (Speedly) February 7/1950 West Boonville Cooper County, Missou DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 38 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	as	. clair	R 1				ciasator	Шо .		2-5	
DCC (1 No 0)	24a. BURIAL, CREMA TION, REMOVAL (Breedly Burial V	Februar	y 7/1	24c. NAME C	F CEMETER	wille	` ' ' ' '	Cooper C	ounty,	Miss	(State) curi,
Fib 10-1930 AB) Hookly Goodman & Boller, Boonville, Missou	DATE REC'D BY LOCAL	REGISTRAR'S S	IGNATUR	e OBLI	381						ouri.

RECEIVED FEB 15 District Health Officer No.	
Pro Flor 2-24-50	

STATEMENT BY LICENSED EMBALMER

	I hereby certify that the body whose name is recorded on the reverse side of this ce	ertificate	was embalmed by me	e, or by
١.	•			
		Student	t Embalmer No	

working under my personal supervision.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.